COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

. . . .

(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL030941 US

As a below named inventor, I h	ereby declare that:					
My residence, post office addre	ess and citizenship are as stat	ed next to my name.				
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
the specification of which (chec	ck only one item below):					
is attached hereto.						
was filed as United States a	application					
Serial No						
on						
and was amended						
on						
	nal application					
Number PCI/IB2004/051290						
on 26/hily 2004						
200thy/ v 200g						
and was amended under PCT.	Article 19	-				
on			(if applicable).			
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:						
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:						
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119			
Europe	03102338.5	30 July 2003	YES			
						

includ	les Reference to PC	on For Patent Application and Po			Attorneys Docket Number PHNL030941 US		
201/	ER OF ATTORNE	EY: As a named inventor, I hereby appoi and Trademark Office connected therew	int the following attorney(s) and/ ith. (List name and registration r	or agent(s) to prose number)	ecute this application and transac		
Mich	E. Haken, Reg. No ael E. Marion, Re ard M. Blocker, R	g. No. 32, 266		Direct Telephone (name and teleph (914)332-022	none number)		
	FULL NAME OF INVENTOR	FAMILY NAME HENTSCHEL	FIRST GIVEN NAME Christian	S	SECOND GIVEN NAME		
201	RESIDENCE & CITIZENSHIP	City	STATE OR FOREIGN COUNTRY Germany		COUNTRY OF CITIZENSHIP Germany		
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Potsdamer Strasse 6	D-03046 Cottbus		STATE & ZIP CODE/COUNTRY Germany		
	FULL NAME OF FAMILY NAME INVENTOR RIEMENS		FIRST GIVEN NAME Abraham		SECOND GIVEN NAME Karel		
202	RESIDENCE & CITIZENSHIP	CITY Eersel	STATE OR FOREIGN COU The Netherlands	1	COUNTRY OF CITIZENSHIP The Netherlands		
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Krekelbos 12	5521 SV Eersel	1 -	STATE & ZIP CODE/COUNTRY The Netherlands		
ue: a npris	nd further that these	atements made herein of my own knowle e statements were made with the knowle der section 1001 if Title 18 of the United ssuing thereon.	dge that willful false statements	and the like so mad	de are punishable by fine or		
ign/	ATURE OF INVENT	or 201 SIGNATURE	OF INVENTOR 202				

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

DATE

DATE

17 February 2005

includ	les Reference to PC	on For Patent Application and Po			Attorneys Docket Number PHNL030941 US		
2014/	ED OF ATTORNE	EY: As a named inventor, I hereby appo and Trademark Office connected therew	int the following attorney(s) and/o vith. (List name and registration nu	r agent(s) to prosect umber)	ute this application and transact		
Mich	E. Haken, Reg. No ael E. Marion, Re rd M. Blocker, R	g. No. 32, 266		Direct Telephone C (name and telepho (914)332-0222			
	FULL NAME OF INVENTOR	FAMILY NAME HENTSCHEL	FIRST GIVEN NAME Christian	SE	COND GIVEN NAME		
201	RESIDENCE & CITIZENSHIP	CITY Cottbus	STATE OR FOREIGN COUNTRY Germany CITY D-03046 Cottbus		COUNTRY OF CITIZENSHIP Germany STATE & ZIP CODE/COUNTRY Germany		
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Potsdamer Strasse 6					
	FULL NAME OF FAMILY NAME INVENTOR RIEMENS		FIRST GIVEN NAME Abraham		SECOND GIVEN NAME Karel		
202	RESIDENCE & CITIZENSHIP	CITY Eersel	STATE OR FOREIGN COUNTRY The Netherlands CITY 5521 SV Eersel		COUNTRY OF CITIZENSHIP The Netherlands		
	POST OFFICE ADDRESS	FOST OFFICE ADDRESS Krekelbos 12			STATE & ZIP CODE/COUNTRY The Netherlands		
rue: a mpris	and from boar these these	atements made herein of my own knowle e statements were made with the knowle der section 1001 if Title 18 of the United ssuing thereon.	edne that willful false statements a	and the like so made	are punishable by line of		
SIGN	ATURE OF INVENT	OR 201 SIGNATURE	OF INVENTOR 202				

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STATEMI	ENT UNDER 37 CHARZAMICS OF GIATIO 27 JAN 20
Applicant/Patent Owner: Koninklijke Philips Electronics	N.V.
Application No./Patent No.: Concurrently	_Filed/Issue Date: Concurrently
Entitled: FLEXIBLE POWER REDUCTION FOR EMBI	
Koninklijke Philips Electronics N.V. (Name of Assignee)	, a <u>corporation</u> (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is: . ☑ the assignee of the entire right, title, and intere	est; or
2. an assignee of less than the entire right, title a The extent (by percentage) of its ownership in the patent application/patent identified above by v	iterest is ———— %
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below:	ent application/patent identified above, to the current assignee as shown
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The undersigned (whose title is supplied below) is	authorized to act on behalf of the assignee.
1-26-45	David Barnes, Reg. 47,407 Typed or printed name
Date (014) 222 9693	уреоб римон наше
(914) 333-9693 Telephone number	Signature
- -	Corporate Counsel Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).									
I hereby								1	
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OR _				<u> </u>				j	
Prac	ctitioner(s) name	ed below	(if more than ten patent	practitioners a	re to be	named, then a cus	tomer nun	nber must be us	ed):
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				Number				-	Number
						<u></u>			
									
as attorney	y(s) or agent(s)	to represe	ent the undersigned befo	ore the United	States P	atent and Tradema	rk Office ((USPTO) in con	nection with
attached to	this form in ac	cordance	ned <u>only</u> to the undersi with 37 CFR 3.73(b).	gned accordin	g to the U	JSP IO assignmen	t records	or assignment d	ocuments
Please cha	ange the corresp	pondence	address for the applica	tion identified i	n the atta	iched statement ui	nder 37 CI	FR 3.73(b) to:	
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ד בא	The address ass	sociated w	ith Customer Number:		2473	7			
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	n or ividual Name								
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Assignee Name and Address:									
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KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg l									
5621 BA Eindhoven, The Netherlands									
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be									
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,									
and must identify the application in which this Power of Attorney is to be filed.									
SIGNATURE of Assignee of Record The idividual whose signature and title is supplied below is authorized to act on behalf of the assignee									
Signature		1/2	16.14	un	<u> </u>		Date 1	4 Janua:	ry 2005
Name	Michae	1 E.	Marion						- 333-9637
Title	Author	ized	Representa	tive			<u> </u>	<u>, - </u>	

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.